

STATE OF ALASKA
Department of Health and Social Services
Division of Public Assistance / Systems Operations

Service Provider EIS Security Agreement

I understand that all client information contained in the State of Alaska, Division of Public Assistance EIS database and sources from other agencies via Eligibility Information System (EIS) interfaces and Internet providers is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving Public Assistance to any unauthorized group or individual; or to any person for any purpose other than the administration of Public Assistance or Medicaid programs.

I will protect all client and/or related information made available to me through interfaces, other agencies, and/or the Internet whether this information is obtained via EIS, direct computer access, hard copy documents, on line viewing, or any other means of communication. This includes, **but is not limited to**, information from the Internal Revenue Service; the Social Security Administration; the Departments of Labor, Revenue and Administration; Public Access Information; and any future information interfaces or Internet services that may be developed.

I understand that I may only use the workstation and Internet access for those specific functions I have been authorized to use.

I understand that my EIS and Network passwords are confidential and may not be kept in written form in unsecured areas. I understand that I am the only one allowed to use my assigned passwords. If I suspect anyone else has knowledge of my passwords, I will report it immediately to my supervisor, the EIS Security Officer. I will change my passwords to EIS.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access to EIS and lock my workstation.

I have read this entire Security Agreement and consent to abide by it. Also, I certify that I have read, understand and will comply with the EIS and Network Services Security Manual. Furthermore, I understand that I may be prosecuted if I use EIS or Internet services for fraudulent purposes.

I understand that any violation of this agreement may result in disciplinary action; which may include termination of my contract agreement with the State of Alaska.

<input type="checkbox"/> EIS <input type="checkbox"/> IVR PROMPT NEEDED <input type="checkbox"/> CMS <input type="checkbox"/> DOCUMENT DIRECT <input type="checkbox"/> ICCIS	Employee (direct line) Phone Number:	<input type="checkbox"/> Network Access Needed
Employee Name (Print):		Employee Signature:
Employee E-Mail Address:		
Job Title:	Date:	Service Provider:
City:		Supervisor Name (Print):
Supervisor Signature:	Supervisor Title:	Date:

NEW ACCOUNT ☐ **CHANGE EXISTING ACCOUNT** ☐ **DELETE ACCOUNT** ☐